PTO/SB/06 (08-00) Approved for use through 10/31/2002. ONE 0651-0012 U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE											
Under the Processork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displans a valid OMB control number.  Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECORD								54	59£		
OTHER THAN										HAN	
CLAIMS AS FILED - PART I (Column I) (Column I)							ENTITY	OR	SMALL E		
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE	
	SIC FEE CFR 1 (4(4))						s	OR		5741.	
TOT	AL CLAIMS		7 minus 20 =		-, -7			OR	x \$ /50	66612	
	EPENDENT CL	LIMS	anjens 3 = *		• 4			OR	x SILE	333	
		DENT CLAIM PRI	LAIM PRESENT (FFCTR LING)			+=		OR			
e If the difference in column I is less than zero, enter "O" in column I											
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A	***	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total 07 CFR 1.16(c))	. 62	Minus	.57	-5	x \$_=		OR	x 5/8 =	90	
	independent	. 19	Minus	••• (0	- P			OR	.86.	344	
	(37 CPR 1.1(0)) FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR ).18(d))	<del> </del>		OR OR			
						TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)						ADDIT. FEE			DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,14(c))	•	Minus	••	=	x s =		OR	x S =		
	(adependent (37 CFR 1.14(b))	•	Minus	***	=	x=		OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (01 CFR 1.1440)							OR	+=		
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE		
AMENDMENT C	t., · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.14(c))	•	Minus	**	=	x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	×=		OR OR	×=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CTR.1.144)							OR	+=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patenta, Washington, DC 20231.